



John Elias Baldacci  
Governor

STATE OF MAINE  
*Department of Public Safety*  
**MAINE CRIMINAL JUSTICE ACADEMY**  
15 Oak Grove Road  
Vassalboro, Maine 04989



Michael P. Cantara  
Commissioner

John B. Rogers  
Director

**NOTICE OF EMPLOYMENT / TERMINATION**

Forward to the MCJA **within 30 days** of employment or termination.

*Please fill out either the **EMPLOYMENT** or the **TERMINATION** information, as applicable.*

Name (Applicant) \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(Last) (First) (Middle)

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ SS #: \_\_\_\_\_

**EMPLOYMENT DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Full time law** \_\_\_\_ **Part-Time Law** \_\_\_\_ **Full Time Corrections** \_\_\_\_

Maine Certified: Yes \_\_\_\_ No \_\_\_\_ Certificate Number: \_\_\_\_\_

Basic Training: Yes \_\_\_\_ No \_\_\_\_ Alert Exam Completed: Yes \_\_\_\_ No \_\_\_\_

Education Level (Circle Diploma Held) GED HS AS BA BS M PHD Major \_\_\_\_\_

<i>Police / Corrections Employment Agency</i>	<i>From ( dd/mm/yyyy)</i>	<i>To (dd/mm/yyyy)</i>

Has this employee had Basic Training for full-time law enforcement OUT OF STATE? Yes \_\_\_\_ No \_\_\_\_

If the agency is requesting a waiver of the basic school for this individual, please forward the ***Waiver Application Packet*** to the Maine Criminal Justice Academy.

**TERMINATION DATE:** \_\_\_\_\_ **Full time Law** \_\_\_\_ **Part Time Law** \_\_\_\_ **Full Time Corrections** \_\_\_\_

Type of Termination (Please check) Resigned \_\_\_\_ Discharged \_\_\_\_ Retired \_\_\_\_ Deceased \_\_\_\_ Other \_\_\_\_

Comments (if resigned, discharged or other)  
\_\_\_\_\_  
\_\_\_\_\_

***This form MUST be signed by the DEPARTMENT HEAD and submitted to the MCJA***

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE LOCATED AT: 15 OAK GROVE ROAD, VASSALBORO, MAINE 04989

(207) 877-8000 (Voice)

(207) 877-8027 (Fax)

(207)877-8058 (TTY)